

NURSE CORPS NEWSLETTER

Mar - May 2023



CAPT Ringer Award



*Public Health
Nursing*



*Operational Nursing:
Carrier Nurse*



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"Farewell Navy Medicine Shipmates!"

March 24, 2023.

Esteemed Shipmates,

On Monday, March 27, my 40 years of service in the Navy, and my tenure as your 39th Surgeon General, will come to an end. Of course, I say goodbye knowing that Navy Medicine and its people have left an indelible mark on my life and career. These last three and a half years as your Surgeon General have been a time of tremendous change and progress. Our One Navy Medicine team has shifted its focus from the day-to-day oversight of MTF-based care to delivering expeditionary Medical Power for Naval Superiority.

We've realigned our entire enterprise with new organizational structures to strengthen command and control functions, while increasing our ability to make informed decisions and take action. Under these frameworks we've seen the future USNS CODY – the first EPF with Flight II designation – christened, the first ERSS team assembled, and the expansion of strategic military-civilian partnerships – that along with the "reps and set" we receive in MTFs – will ensure our people have the skills necessary to save lives at sea and on land.

As we sail toward our North Star of delivering agile, scalable, and certified medical units, we also fought against a deadly global pandemic that altered how our naval force operates. As a high-reliable organization, we quickly incorporated the lessons learned during our EMF deployments and built scalable medical response teams. These lessons have been built into our future theater/ashore medical capabilities.

Our COVID-19 response efforts were second-to-none. We executed the simultaneous deployments of USNS COMFORT and USNS MERCY and supported DSCA missions at many civilian hospitals and vaccination centers across the country. Throughout the fight, more than 5,600 Navy medical personnel deployed and delivered critical medical capabilities and high-value research products across the Department of Defense, and to our Nation. It was incredible to see how we all came to together (virtually and in-person) to solve tough challenges as we provided the biological body armor to keep Sailors, Marines, and their families safe.

We have accomplished so much together; and yet, we still have much to do as we prepare to care for warfighters in environments where our dominance on sea, land, air, space, and cyberspace will be challenged. As outlined in the current National Defense Strategy (NDS), China remains our most consequential strategic competitor and pacing challenge. We must be ready to meet potential adversaries head-on. This requires us to continue to take hard looks at how we develop and generate our force, and ultimately, how we restore and preserve the force during times of conflict.

Our newly issued Campaign Order and 5-year Campaign Plan will assist us in transforming into the medical force we need to be. Our core mission remains focused on supporting the warfighter wherever they go whether they are on the ground, sailing atop the waves, cruising silently beneath them, or roaring through the blue skies above. We've done that well and will continue to get even better at keeping them in the fight.

After I am piped ashore and no longer wear the uniform, one thing I can say for certain, I will always be part of Navy Medicine; my blood is blue and gold. As the next chapter of Navy Medicine begins, you can be assured that I will continue to be your biggest fan cheering you on from the sideline.

I know our organization will be in capable hands with RDML Darin Via, our DSC, assuming the role of Acting Surgeon General until the Department of Defense and the White House selects a nominee to the Senate for confirmation. Once confirmed, it will be publicly announced on the Senate website.

In closing, I could not say "goodbye" without saying THANK YOU – to all our women and men in uniform, to our civilians, and to our contractors, and to their families. All the successes we have had are truly YOURS. Collectively, you have understood that achieving our mission requires both a unity of effort and unity of

purpose. Thank you for your dedication in supporting the operational readiness of the Naval Force and upholding the highest standards of conduct and reflecting our core values of Honor, Courage, and Commitment.

With my continued respect and admiration,

Bruce Gillingham

Rear Admiral, Medical Corps, US Navy
39th Surgeon General of the Navy



ALL ABOVE: Photos of RADM Gillingham taken from Defense Visual Information Distribution Service (DVIDS)./Released.



Director's Message



Cynthia A. Kuehner
RDML, NC, USN

NURSES WEEK 2023

RDML Cindy Kuehner's Final Video Message to our Corps
and ALL the AMAZING NURSES of Navy Medicine

Click on the link, or Scan the QR Code to
View her message to each of YOU!!

HAPPY NURSES WEEK !!
Celebrate !!

NURSES WEEK MESSAGE
from RDML Kuehner!



All Hands Call

Director, Navy Nurse Corps All Hands Call

Tuesday ~ May 9, 2023

1800 - 1900 EST

&

Wednesday ~ May 10, 2023

0800 - 0900 EST

On behalf of Admiral Cindy Kuehner and the Nurse Corps Senior Leadership Team
You are cordially invited to connect with us on MS Teams for our
Quarterly All Hands Call.

9 May, 2023

1800 - 1900 EST

[Click here to join the meeting](#)

+1 410-874-6747-63675404#

10 May, 2023

0800 - 0900 EST

[Click here to join the meeting](#)

+1 410-874-6747-016611152#

POC for Coordination:
LCDR Rachel Bradshaw
rachel.a.bradshaw.mil@health.mil



Specialty Leader Symposium



Pictured: Admirals, CNO, and SL Participants, NC Front Office, Interns, and Angus at the front of the Defense Health Headquarters/Released.



Karaoke: Front, left to right: LT Kristin Davis, LCDR Nicholas Eighmy. Middle, left to right: LT Suzanne Papadakos, CAPT Julie Darling, CAPT Rena Ohliger, LT CJ Rouse. Back, left to right: LT Nicole Benes, LCDR Shauna Ralston, CAPT Amy Loesche, CAPT Paul Loesche, CAPT Heather Shattuck/Released.



Intern Selfie/Released.

Intern Experience- CNO Orientation

Admiral Kuehner's leadership philosophy of "Lead – Learn – Love" was apparent throughout the CNO/SL Symposium. As interns, we were able to get a behind the scenes view of our top Nurse Corps leadership in action. It was amazing and inspiring!

Are you thinking, "Intern? What exactly does that mean? What does an intern do?" Is it just getting people coffee and running errands? Well, in part yes. Except for the coffee part, people got their own coffee. While we did not know exactly what being an intern would entail, we arrived enthusiastic and ready to serve. This was the first in person Symposium for the Nurse Corps in three years so it was important that the overall flow and management of the events remained smooth. The seven of us divided the tasks. Key aspects of our duties included: preparing spaces and materials, managing CMEs, escorting attendees from the hotel to DHHQ via shuttle, ensuring attendees were cleared through security, maintaining daily attendance rosters, managing synchronous Teams meetings for virtual presenters and attendees, monitoring time to keep on schedule, maintaining audio and microphones for presentations, escorting attendees to necessary locations within the building, assisting with other logistics such as lunch options/ordering, and retrieving the cake for **ADM Kuehner's** farewell. Additionally, the interns provided exceptional karaoke and dancing skills during the social event.

The benefits we received vastly outweighed the tasks we performed. Our Nurse Corps leaders took time to give each of us personal mentorship. They shared a vast array of knowledge and experiences to help us anticipate obstacles that we may have to overcome in the future as emerging leaders. Additionally, we were privy to high-level briefs related to the Nurse Corps to include: manning, advancement, operational availability, and missions and goals as we move forward. While attending these briefs we were able to ask questions and relay information from a junior officer's point of view. This allowed us to have awareness of our Corps' priorities to include concerns and goals of incoming Chief Nurse Officers and Specialty Leaders.



Interns and Admirals. Left to right: LT Suzanne Papadakos, LT CJ Rouse, LT Nicole Benes, LT Kristin Davis, RDML Cindy Kuehner, RDML Eric Peterson, LCDR Shauna Ralston, LCDR Rachel Arbuckle, LCDR Nicholas Eighmy/Released.

Cake Cutting – Admiral's Thank You Celebratory cake, cut together with the most junior intern RDML Cindy Kuehner and LT CJ Rouse/Released.



Intern Experience- CNO Orientation



Interns and NC Front Office, left to right: CAPT Paul Loesche, LCDR Nicholas Eighmy, CAPT Jill Malderelli-Drey, LT Suzanne Papadakos, LCDR Shauna Ralston, LT Kristin Davis, RDML Cindy Kuehner, RDML Eric Peterson, LCDR Rachel Arbuckle, LT Nicole Benes, CAPT Julie Darling, LT CJ Rouse, Front: LT Angus (CAPT Darling's dog)

All of us were energized and hopeful as we witnessed our senior leadership's passion to push the Nurse Corps to the forefront of Navy Medicine. They have a vested interest in the success of the Corps and its junior officers as they make their way through the ranks to become future leaders. Many questions were highlighted showing there is still a lot of work to do for the Nurse Corps to remain ready, relevant, and resilient.

The future of the Nurse Corps looks bright with an incoming group of engaged inquiring leaders that are ready to listen to their junior sailors, ask the difficult questions, and step outside of their comfort zones. We also would like to take this opportunity to reflect on ADM Kuehner as she nears the end of her tenure as the 26th Director of the Navy Nurse Corps. Her vision has laid the foundation for nurses to step outside of the box and to demand a seat at the table. She emphasized the mindset shift from "wartime specialties to wartime skill-sets" in an effort to remove barriers to operational opportunities for all nurses. The focus should be on matching skill-set rather than a specific subspecialty code. Now more than ever, nurse leaders must explore opportunities and partnerships that make mission-sense to remain mission ready.

This opportunity was a once in a career for all interns and one that will provide many "sea stories" going forward. Ultimately, it was far more than fetching coffee and running errands; it was an opportunity for us to put faces to the names at the highest level of the Nurse Corps. We would like to personally thank our CNOs for their recognition in their nominations and to all the senior leaders at the symposium who asked for our perspective and feedback, allowing us to represent the deckplate as interns. We hope that we represented well!

Nurse Corps Planner: Thoughts and Passing of the Torch



Julie Darling
CAPT, NC, USN

After close to four years in the role of the NC Career Planner, I find myself at a loss for words – for the first time! This assignment has been incredibly rewarding and illuminating for me. ENS Brockman, circa 1999, never thought in a million years that she would be working directly for the Admiral of the US Navy Nurse Corps as a member of her Front Office! In fact, ENS Brockman was only going to serve three years and go home, but that didn't happen. 24+ years have passed, and many things have changed, including the name, but I am still me!

I am frequently asked: What would you tell the younger version of yourself if you had the chance? I had always struggled with that question when I was put on the spot, but after much reflection, here are my thoughts (in no particular order):

1. Don't be afraid to take the challenging assignments. You are ready even if you don't realize it!
2. Don't be afraid to get outside your comfort zone. This is where growth happens.
3. Take the word "just" out of your vocabulary. You are not just a nurse; you are never "just" anything. I am a Navy Nurse– say that with pride and conviction.
4. Words matter.
5. Be kind to yourself; negative self-talk becomes a self-fulfilling prophecy (I know this from experience)
6. If you are not offered a seat at the table, politely and respectfully pull up a chair. Nursing must be in every decision space to ensure patient safety and organizational success.
7. Do not tolerate and do not perpetuate toxic leadership. Solicit feedback and self-reflect.
8. **STOP HOLDING YOURSELF BACK.** Do not limit what you can accomplish; make someone tell you no. If they do – OK – you will learn from it!

Ok, I'm going to climb down off my soap box....

From the bottom of my heart, I want to thank the Nurse Corps Front Office for letting me be me: RDML Cindy Kuehner, CAPT Paul Loesche, CAPT Jill Maldarelli-Drey, and CAPT Kelley Fox. THANK YOU for your unwavering support and mentorship and for making work fun! Thank you, CAPT Ray Bonds, for stepping up and applying to be the new Career Planner – the office is in good hands! I would be remiss if I didn't mention previous members of the Front Office who have moved on; still, their impact on my tour was significant: RDML (ret) Tina Davidson, CAPT (ret) Deb Roy, CAPT (XO) Rich Lawrence, CAPT (ret) Karen Morgan, and finally, my predecessor, CAPT (ret) Carrie McGee who set me up for success in this role. Shipmates for life!

The Navy Nurse Corps IS the best Corps, and I will miss interreacting with all of you over thousands of emails filling your inboxes but I will see you out and about in the fleet and the deckplate.

With Respect and Admiration.
CAPT Julie Darling, NC, USN
Chief Nursing Officer, USNS Comfort (T-AH 20)



Community Update: Medical-Surgical (1910) AC



Amy Barendse
LCDR, NC, USN
1910 Specialty Leader



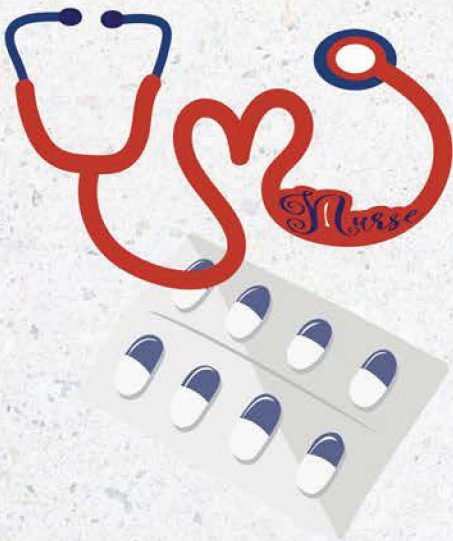
Greetings to the 1910 community and Nurse Corps colleagues! This last year as a new Specialty Leader team, time has certainly flown by and was capped off by a week of collaborating and networking at the CNO/SL Symposium. During that week, and as a team, we focused on how our nurses can, and continue to be, Ready, Resilient, and Relevant.

A question I am frequently asked by junior nurses is whether Active Duty Med-Surg nurses have a role in the re-energized focus on platforms and operational priorities, and the answer, which is echoed by our top leadership, is a resounding YES. Mentioned several times at the CNO/SL Symposium was the statement that the health of our 1910 community represents the health of the Nurse Corps. As the largest and most diverse specialty, the 1910 community makes up over 33% of the Nurse Corps, with 875 billets dispersed across 95 locations. Roughly 40% of our billets are attached to platforms or operational forward deployed billets, and the 1910 community was second only to the 1960 community in deployments over the last year. There has not been a major military conflict or humanitarian crisis where the skill set of the Med-Surg nurse has not been needed, and this will continue to be true as we prepare for our next fight.

As we shift our focus from the pandemic to preparing for our next conflict, achieving and maintaining clinical operational readiness must be a priority for all nurses. As our community is very diverse, finding opportunities for clinical sustainment and KSA reps and sets is a known challenge. Several commands are tackling this challenge through local MOU's and/or relationships within their Markets to provide their 1910 nurses with higher acuity orientation and skills sustainment. NMRTC Portsmouth continues to support a 12-week rotation on a local trauma/burn inpatient unit for new 1910's, and NMRTC Jacksonville has recently started a similar initiative. In the Pacific Northwest, NMRTCs Bremerton and Oak Harbor have leveraged partnerships with Madigan Army Medical Center to provide sustainment opportunities as well. While these opportunities are growing, they may not be available to everyone, so I encourage us all to find other ways to stay clinically proficient. This can be through certification, involvement in professional organizations, peer-reviewed journals focused on evidence-based care, simulation, courses, teaching, and core competencies.



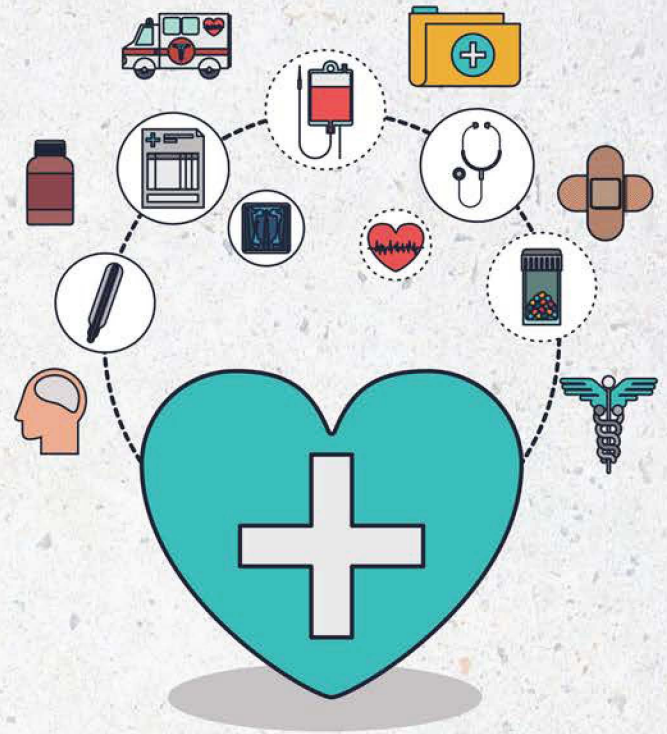
Crystal Saraceni
LCDR, NC, USN
1910 Assistant
Specialty Leader



Community Update: Medical-Surgical (1910) AC, cont.

I also challenge each of us to not only focus on our own clinical readiness, but to ensure we are focused on the training and readiness of our corpsmen. With prolonged casualty care (i.e. inpatient care) expected in the next conflict, the Medical-Surgical community is at the forefront of ensuring every sailor is ready and able to provide the life-saving care needed to support our warfighters. To our ENS's and LTJG's working at the bedside with our HM's— know that your impact is invaluable! Continue to train, mentor, and challenge our junior personnel to work at the highest scope of their practice. While the work is hard and the hours are long, you may one day find that those times are some of the most cherished and rewarding of your career.

As **LCDR Saraceni** and I move into our second years as the Specialty Leaders, some projects we are focusing on are pursuing an AQD for wound care certification/experience, looking at our CNS billet alignment, continuing to improve the resources available on our MilSuite page, and working with the CNOs and NCCP managers to assist with solutions for increasing KSA opportunities. If you have ideas for projects or goals, would like a CDB with the Specialty Leaders, or have ideas on how we can improve communication within the community, we would love to hear from you! We are always an email or phone call away.



Send the Nurse Corps Newsletter your photos!

We'd love to share photos of your command functions, committee events, national conferences, galas, Fleet Marine Force Qualifications, graduations, and more!



Please comply with PAO Guidelines:

- Subject of photo
- Who took the photo
- When and where the photo was taken
- No badges or other protected information
- Statement that the photo was released by your Command PAO



Community Update: Public Health (1940) AC



Tracy Krauss
CDR, NC, USN
1940 Specialty Leader



Stefanie A. Nochisaki
LCDR, NC, USN
1940 Assistant
Specialty Leader



Public Health Nurses gathered for training in Virginia, August 2022. Back row, L to R: CDR Julie Schaub, LCDR Amy Zaycek, CDR Ladonyia Graham, CDR Elyse Braxton, LCDR Theresa Rice, LT Mercedes Proctor, LT Noah Dietsche, and LT Antoinette Mantz. Middle row, L to R: LT Erica Monsees, CDR Tracy Krauss, CDR Nikki Pritchard, LCDR Laurabeth Brogdon, LT Lisa Talledo, and LCDR Beverly Torres. Front row: CAPT Patty Mac (dog)/Released.

Greetings! On behalf of the small but mighty community of Public Health Nursing, Assistant Specialty Leader **LCDR Nochisaki** and I am proud to bring you this update. We just returned from the Specialty Leader Symposium where we were able to get together with all the specialty leaders and the Corps Chief Office. The Public Health field is vast, spanning many disciplines in various other fields, which is why Public Health Nurses (PHN) rely on collaboration to identify ways to improve efficiencies and advocate for opportunities.

Collaboration was the idea behind the Health Promotion (HP)/Warfighter Wellness (W2) Champion Training/Meeting hosted by the Navy and Marine Corps Public Health Center's Health Promotion and Wellness (HPW) Department, Virginia Beach. This brought 14 PHN's together for the first time in the history of our community.

CDR Elyse Braxton deployed in support of Resolute Union 2022 between US Naval Forces Central Command (NAVCENT) and Lebanese Armed Forces, having joined together for 22 years to enhance interoperability and mutual capabilities between Lebanon and US Forces. **LT Erica Monsees** collaborated with Uniformed Services University of the Health Sciences in a Joint Research study focused on sexual health which resulted in NMRTC Camp Lejeune serving as an official recruitment site for research participants leading to the highest enrollment rate in the Navy. **LCDR Karen Downer**, deployed to Djibouti, supported as the COVID Task Force Leader ensuring medical readiness for Task



Community Update: Public Health (1940) AC, cont.



CDR Tracy Krauss, LT Mercedes Proctor, and LT Noah Dietsche at AMSUS 2023./Released.

PUBLIC HEALTH



LCDR Elyse Braxton poses with COVID Task Force Leader on Sept 2022 in Djibouti. /Released.

Force Red Dragon and partnered with Army Civil Affairs in an information exchange regarding Women, Infant health and BLS with Djiboutian nurses at Dal El Hanan Maternity Hospital. **LT Mercedes Proctor** participated in the first Global Health Exchange to Mombasa, Kenya during CPS 2.0, where she collaborated with NAVCENT Force Medical to present on women's health, contact tracing and risk communication during public health emergencies. The framework of Women, Peace, and Security (both United Nations and DoD principles) was applied to public health emergencies relative to the Kenyan population.

During Continuing Hope **CAPT Currie** and **CDR Julie Schaub** led a dedicated line of effort to Women's Peace and Security in the Caribbean and Central and South America. This Continuing Promise-22 Mission was the first to dedicate a specific line of effort to Women Peace and Security. A gendered lens was applied to all aspects of the planning and implementation process and included consideration of the unique ways women are affected by healthcare access and consumption, as well as healthcare inequities. We'd like to say thank you to **LCDR Laurabeth Brogdon** for publishing all eight Public Health competency elements into Elsevier. **LT Noah Deitsche** and **LT Proctor** authored a presentation on "Public Health Nurses: Force Multipliers an In-depth Look at How Public Health Nurses Impact Our Fleet," and joined by me as the coauthor of a presentation with nursing Research on "Upstream Approaches to Optimize Warfighter Health and Performance and Reduce Preventable Threats to Readiness." Both posters were presented at the 2023 Association of Military Surgeons of the United States (AMSUS) Annual Meeting.

The demand for Public Health Nurses is growing. If you find that you have a tough health problem identified in your population and would like to collaborate – we are ready and available to assist.

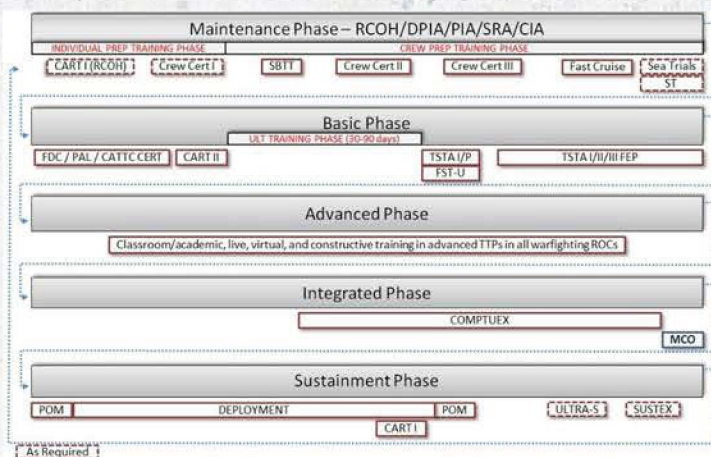


Community Update: Operational Nursing AC Carrier Nurse- What Does It Take? Are You Ready?



Suzanne Fierros
CDR, NC, USN
Operational Specialty Leader

Notional CONUS OFRP Cycle



Brookes Williams
CDR, NC, USN
Operational Assistant
Specialty Leader

The optimized fleet response plan (OFRP) is a flexible and scalable training process that prepares fleet forces for high-end warfighting and sustained readiness. The OFRP cycle starts at the beginning of the maintenance phase and ends upon beginning of the next maintenance phase. Readiness increases throughout the cycle and culminates with the highest level of readiness at the end of the advanced or integrated phase through sustainment. On every carrier, the Ships Nurse is the face of the medical department during the OFRP. The nurse guides and trains personnel on the carrier to progressively increase medical capabilities and medical integration throughout the ship. For the ship to be successful in each phase, the Ships Nurse establishes a detailed training plan working closely with all warfare departments for specific required medical training. It is the Ships Nurse who integrates with all departments and their respective training teams to ensure the ship's medical department moves through all phases successfully. This is an extraordinary effort to get a Carrier Strike Group successfully out to sea and the Ships Nurse plays an essential role in preparing for every underway mission.

What does your normal day look like, and how does it change/shift depending on the phase that the Ship is in (Yards, out to sea)?

CVN 77 Nurse (Deployed - Sustainment Phase) - She does training for the ship at least four times a week, especially as TCCC is rolling out. She authors and conducts drills both in medical and integrated drills throughout the ship, along with training the corpsmen on the duties of the inpatient ward and intensive care unit (ICU).

CVN 74 Nurse – (RCOH/Yards – Maintenance Phase) – Her day begins a few minutes before 0700, and each day is different. Sometimes, they respond to a medical emergency or two, run integrated drills, or lead trainings for the duty section or School of Ship (indoc). A fair amount of time is also spent on non-medical ship requirements, like learning how to support the ship's maintenance programs and working on other required qualifications.

CVN 75 Nurse – (Moving from Sustainment phase into Maintenance phase) - Out to sea she woke up early for muster and obtained report from night shift corpsmen on the status of any inpatients. Followed by training drill briefs and drills, recovering moderate sedation patients, medically evacuating urgent patients, and settling inpatients for the evening, while simultaneously providing on-the-spot training to the corps staff caring for the inpatients. Pier side: The nurses' focus is medical training and implementing the new training requirements for the ship, running the Life Support Program, Tier 1 and 2 TCCC, and departmental training and clinical competency sustainment of the corpsmen.



LCDR Emily Latimer,
Ships Nurse, USS JOHN C
STENNIS (CVN 74).
/Released.



L to R: LT Nicole Heruth
Ships Nurse, USS GEORGE H W
BUSH (CVN 77) and LT Kimberly
Kozlowski, Ships Nurse, USS
HARRY S TRUMAN (CVN 75).
/Released.



Community Update: Operational Nursing AC, cont.

What is your favorite part of the job?

CVN 77 Nurse - Teaching non-medical sailors the importance of quality medical care and running the drills. Observing the teamwork between the sailors and departments, and how all the training comes together is enjoyable.

CVN 74 Nurse – The autonomy to run my programs, training, and projects. While some of the requirements are clearly outlined, the way we make it happen is up to us.

CVN 75 Nurse - Training the non-medical personnel how to provide medical care at the point of injury. They are often most receptive and very appreciative.

What is the biggest challenge you have overcome?

CVN 77 Nurse - Learning how to manage programs and delegate. Most ICU nurses are used to doing most things independently, so this assignment is challenging in that aspect because it is impossible to do everything yourself. Being able to effectively lead and inspire others to want to train, train well, and to be competent is a skill set that is integral to this job.

CVN 74 Nurse - Acting as the Senior Medical Officer less than 2 months after checking in. You never know what's going to happen, but for me, as the senior ranking person, I had to step in for three months when my Senior Medical Officer unexpectedly had to leave the command. Just as I was learning my job, I took on this new role, so I was really learning two jobs at once, in the midst of mandatory COVID vaccinations and the early Omicron wave. It was exceptionally challenging to navigate this new-to-me environment, establish my professional identity as "Nurse", and serve as a department head on a warship. It was a rapid-fire learning experience and stretched my leadership skills.

CVN 75 Nurse - Learning the ship and ship language. As the automatic Medical Training Team Leader, it is imperative to understand all of the spaces, common language, and functions of each department on the ship in order to properly integrate medical functions for various scenarios.

What is the nurse's professional relationship with the rest of the ship and within medical?

CVN 77 Nurse - We have one of the coolest positions on the ship because we are the Training Team Leader, so we are all over the ship in every department because everyone needs to know how to save a life. Within Medical we are the cornerstone of the entire department.

CVN 74 Nurse - We are the subject matter expert when it comes to sick patients. No one else brings our expertise to patient care, to teaching and training, and in finding ways to tackle complicated problems. Because our job touches every department through training, drills, and process improvements, we learn to speak the ships lingo and they learn to trust our judgement and advice. Within Medical we set the tone for patient care and emergency response.

CVN 75 Nurse - Profound and very rewarding. The nurse is seen as the all-knowing resource for medical functions throughout the ship.

The Ships Nurse is part of the power of one Navy medical team in direct support of war fighting readiness. As the only non-privileged nurse, they are responsible for all inpatient nursing care while underway, often in isolated environments. The role encompasses a wide array of administrative duties to include directing all medical training for over 3,000 non-medical personnel, quality assurance, health education, and the management of resuscitative programs. Nurses serve as the Medical Training Team Leader and an essential member of the ship's Integrated Training Team. The ultimate mission of a Ship's Nurse is to maintain the health and operational readiness of the ship's crew and the entire strike group.

What is your next career move? Do you have what it takes?



ABOVE: LT Kimberly Kozlowski
Ships Nurse, USS HARRY S
TRUMAN (CVN 75)./Released.



ABOVE: LCDR Susi Murphy
(right) Ships Nurse, USS GERALD
R FORD (CVN 78)./Released.



ABOVE: LCDR Nevin Yazici
Ships Nurse, USS HARRY S
TRUMAN (CVN 75)./Released.



ABOVE: LT Courtney Ballou
Ships Nurse, USS GEORGE H W
BUSH (CVN 77)./Released.



Community Update: Operational Nursing RC



Cindy Kirtland
CDR, NC, USN
Reserve Specialty Leader

In anticipation of increasing operational tempo, Reserve Corps Navy Nurses are *Readily* preparing for the possibility of mobilization across all platforms. Our Nurses provide safe, clinically *Relevant* care daily in their civilian positions and are *Resilient* in applying their clinical skills to Navy Medicine's changing needs and priorities.

In February, over 50 Nurse Corps Officers from Navy Reserve Medicine as well as the Air Force 6th Medical Group and Air Force Reserve 927 Aeromedical Staging Squadron participated in Emergency Nurses Association (ENA) Trauma Nurse Core Course (TNCC) during Joint Exercise Blue Horizon at McDill AFB, Tampa, FL. The training featured facilitated discussions, small group exercises and hands-on skills stations to provide nurses with a systematic process to trauma care. Training included patient movement components such as litter carries, ground and rotator air transport loading and aeromedical transport care.

"Our goal is to improve patient outcomes, ultimately providing the best care possible to our service men and women. Blue Horizon offered a Joint training environment for military nurses to gain foundational knowledge necessary to function as a member of trauma team." - **LCDR Caroline Collins**, Navy Reserve TNCC Program Manager.

Members of Reserve Naval Medical Forces Support Command (NMFSC) training team have established training standards to ensure our nurses and corpsman have the knowledge, skills and abilities needed to go forward to provide care to our service members on all platforms, including ship board and extended care.



ABOVE AND RIGHT: Participants training on patient movement through different platforms. Photos by Lcdr Caroline Collins./Released.

We are
**READY,
RELEVANT,
& RESILIENT!**



April: Sexual Assault Awareness & Prevention Month

Article written by: RN Joy Hardt and LCDR Jasette Fong, NC, USN

You are not a victim for sharing your story.
You are a survivor
setting the world on fire with your truth.
And you never know who needs your light,
your warmth, and raging courage.

Thank you.

April is Sexual Assault Awareness and Prevention month. The mission of this month is to raise awareness about sexual violence and educate communities on how to prevent it. Read on for more information regarding what a Sexual Assault Forensic Examination/Forensic Healthcare Examination (SAFE/FHEX) is, time-sensitive care, reporting options, support provided, being a Sexual Assault Medical Forensic Examiner/Forensic Healthcare Examiner (SAMFE/FHE), and upcoming program changes with the transition to DHA.

What is a SAFE/FHEX? Every examination is based on the patient's assault history and can be modified based on the patient's preference; there is no part of the examination that patients "have" to do other than signing the consent. Generally, a SAFE/FHEX involves a head-to-toe examination, looking at the body for injuries or other findings, and looking with an alternate light source (similar to a black light) for potential substances on the skin. Swabs are taken for potential DNA (touch DNA, saliva, semen, etc.) from various parts of the body based on patient history or from common high-contact areas. Photos may be taken, clothing may be collected, and blood and urine may be collected for a forensic toxicology. An internal exam of the mouth, vagina, and/or anus may be offered if indicated.

Patients have the option to refuse any part of the SAFE/FHEX, and they have the option stop the examination entirely at any time. Informed consent and the bodily autonomy of the sexual assault patient is paramount.

A SAFE/FHEX is a very time-sensitive examination, and is available to those who elect up to seven days post-assault (it may be provided beyond that on a case-by-case basis).

Accessing medical care early is vital as there are extremely time-sensitive medications available for pregnancy and HIV prevention that are no longer effective after 120 and 72 hours, respectively.

Medical care is always readily available, whether a patient elects to provide a report to the Sexual Assault Prevention and Response (SAPR) Program or not, and the Emergency Department is often where the victim goes first. While the SAFE/FHEX is important and encouraged, it is never required. The emphasis remains on the provision of receiving medical care, as there may be short and long-term adverse health outcomes from an assault.

Victims do not have to report the crime to have a SAFE/FHEX exam, but doing the process of collecting evidence gives the victim the chance to safely store evidence should they decide to report at a later time.

What options are available to sexual assault victims in the DoD? Globally, victims can choose to report to SAPR under either "Restricted" or "Unrestricted" reporting. A SAPR Victim Advocate (VA) functions as a support person for the victim and provides education about options and resources. For states with mandatory reporting laws for healthcare, there is a federal law that allows an exemption for federal facilities, so "Restricted" reports can be maintained.

Become familiar with the resources available at your MTF and contact your local SAMFE/FHE Program Manager to learn more.



Staff from Naval Medical Forces Support Command San Antonio visit with providers who completed the SAMFE Course from March 7-19, 2022 at Joint Base San Antonio Fort Sam Houston. Back row, L to R: CDR Kayla Horton, LT Sarah Bjorklund, CDR Jose Pinon, CAPT Paul Villaire, and LT Akneca Brumfield. Front row, L to R: LCDR Beverly Torres, LCDR Amanda Jack, LCDR Valentin Chapa, CAPT Neva Fuentes, LCDR Jasette Fong, and LT Amy Zabel (SAMFE Instructor & Course Lead)./Released.

April: Sexual Assault Awareness & Prevention Month, cont.

The job of a SAMFE is not a glamorous one nor is it a particularly easy one; it comes with high stakes, midnight calls, and can be quite time-consuming. But it pays off in dividends with direct, powerful impact on the life of the patient in front of you. We can't change what happened, but we have the ability to directly impact how victims of sexual assault feel in the aftermath- how they were treated by the first people they told, how they were treated by the healthcare system, or even if they were believed at all. In that moment in time, when a victim presents for medical care and a SAFE, SAMFE providers can influence how patients' health will be affected long-term and assist them with moving forward with their recovery and their life.



Left to right: LTJG Melissa Rudolph, LTJG Tess Miller, HN Jovana Losada, HM2 Celeste Sostre, HM2 Michelle Jimenez, LT Lori Harrison, RN Joy Hardt, LCDR Jasette Fong, CDR Edgar San Luis, and LT Kathryn Johnstonwoo at the 11th Annual SART Summit hosted by the California Clinical Forensic Medical Training Center from September 6-8, 2022./Released.

Similarly to End Violence Against Women International's campaign of "Start By Believing," the U.S. Navy takes on the healthcare role of believing victims and allowing everyone do their job. Our job is to provide unbiased, non-judgmental, and high-quality medical care. Whether a person is reporting that they are experiencing chest pain or disclosing that they have been sexually assaulted, we care for the person in front of us based on the information provided using our clinical knowledge and judgement. "Is it a legitimate assault?" is not an appropriate question, and as a SAMFE it is our job to provide a safe, open environment where patients are supported and comforted.



NMRTC San Diego hosted a Chalk the Walk event on April 4, 2023 in support of Sexual Assault Awareness and Prevention Month./Released.

The job of a SAMFE is an objective one. While providing medical care, we are also neutral finders of fact, working in the general interest of justice. SAMFE providers care for patients disclosing sexual assault as well as patients who have been accused of sexual assault. We advocate for our patients medically, collect potential forensic evidence, and ensure that they receive the physical examination, medications, referrals, support, and education that is needed.

What makes a good SAMFE? According to NMCS D's Forensic Healthcare Program Manager **RN Joy Hardt**, it takes "Equal parts of having a heart for this patient population and an interest in forensics, true crime, and/or the legal system. Spending long hours empathetically caring for patients takes a lot out of a person, but is necessary for providing the best care possible. An interest in the forensic/crime aspect softens the sometimes-tedious collection, packaging, and handling of evidence as you become a part of that larger system that they now make podcasts about!"



Left to right: RN Joy Hardt and SAMFE Assistants HM2 Makaira Folks and HM2 Rajeev Chooniedass at the Marine Corps Recruit Depot San Diego Sexual Assault Awareness and Prevention Month National Day of Action Proclamation Signing on April 4, 2023./Released.

April: Sexual Assault Awareness & Prevention Month, cont.

Why is now a good time to become a SAMFE? Throughout the years, support for SAMFE services in the Department of Defense (DoD) has been growing, and we are now in a very interesting transitional stage under the Defense Health Agency (DHA). Soon we will be expanding services to include other victims of violence. In addition to providing care for victims of sexual assault, we will be able to provide the same high-quality medical-forensic care to any victim of physical violence who walks in the door. To reflect this expansion, our title will be changing to "Forensic Healthcare Examiner (FHE)" with the examination title itself changing name from SAFE to "Forensic Healthcare Examination (FHEX)." This massive expansion of services is desperately needed at Military Treatment Facilities (MTFs) worldwide and it is an exciting time for nurses with interest to start delving into this nursing specialty. By being a SAMFE provider, you can take advantage of the opportunity to stretch your skills and widen your impact on the individual, patient, and system.



Left to right: SAMFE Assistants HM3 Kymberly Lee, HM2 Michelle Jimenez, (a VA), HM2 Celeste Sostre, HM1 Zanzi Ortiz, HM1 Georgia Clark, and HM2 Richard Schuetrum join in on Denim Day at NMRTCSD on April 26, 2023./Released.



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Earned your certification?
Earned your advanced degree?
Completed advanced training?
Published an article?
Presented your research?
Implemented a new program?
Implemented a process improvement?
Have a story/photo you'd like to share?

We look forward to hearing from you!

All articles should be submitted as a 1/2 - 1 page of Times New Roman, size 12 font, single-spaced.
An official photo should be submitted for the author.

We love photos!
Please submit your photos of our Nurse Corps in action!
Please comply with PAO Guidelines:
-Subject of photo
-Who took the photo
-When and where the photo was taken
-No badges or other protected information
-Statement that the photo was released by your Command PAO



April: Month of the Military Child

MONTH OF THE MILITARY CHILD

The dandelion is the official flower of the military child.

Why?

Dandelion seeds are blown far and wide by the wind,
but blossom wherever they land.
Dandelions put down roots almost anywhere.
They are hardy and upright
and can survive in a broad range of climates.

Military children are well-rounded, culturally aware,
tolerant, and extremely resilient.
They know that friendship and love can be found
in every corner of the world.

Dandelions and military children
are ready to fly in the breezes that take them,
whether it's to new adventures or new lands.
They learn that to survive means to adapt,
and that when one door closes one chapter of their life,
another door opens up new experiences.
Their roots are strong,
cultivated deeply in the culture of the military,
and planted swiftly and surely.

Military children know that home is where their hearts are.

PURPLE UP!

Why purple?
Purple references the joint
environment of the military,
encompassing all service
branches.

April 15 is
National Purple Up Day!

A A

B C C

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May: Women's Health Month

NMRTC Great Lakes: USS Red Rover Female Wellness Department

Article submitted by: LCDR Crystal Aandahl, NC, USN

The USS Red Rover is the medical in-processing clinic for newly accessioned recruits at Recruit Training Command (RTC), Naval Station Great Lakes. Red Rover's Female Wellness department, led by a team of Nurse Practitioners, Nurses, and Corpsman, has made huge strides in expanding contraception education and access to an average of 9K newly-accessioned female recruits completing entry-level bootcamp at RTC annually.

Female contraception can be a useful tool in the prevention of unintended pregnancy and in the management of menstrual symptoms, irregularities, and menstrual suppression. The Centers for Disease Control and Prevention (CDC) has concluded that unintended pregnancies most often occur in the 18 to 24 age group and are often associated with worse psychological and physical health factors compared to planned pregnancies. Because of the reliability and ease of use, Long-Acting Reversible Contraception (LARCs) have been found the most highly effective reversible method of contraception for prevention of unintended pregnancy.



Pictured from left to right: Back Row: NP Gruetzmacher, LCDR Hervey, HN Thomas, HM2 Abellanosa, HM3 Clauson. Front Row: NP Pennington, CAPT McKenzie (NMRTC Great Lakes Commanding Officer), NP Brown, LCDR Aandahl, RN Dino, HN Bonilla. NMRTC Great Lakes/Released.

LCDR Crystal Aandahl, Officer-in-Charge of USS Red Rover, noted that efforts to provide newly accessioned female recruits access to LARCs during training had significantly declined from prior years, "Upon reviewing the data, I noted that about 17% of the female recruits were requesting a LARC during training but less than 2% were receiving their requested LARC. The gap in care delivery was likely the result of reduced staffing, consolidated services, and a shortened recruit training cycle due to COVID-19 mitigation strategies. When RTC extended to a 10-week training cycle we knew that was our opportunity to offer recruits more comprehensive contraception education and more convenient access to their preferred contraceptive methods."



May: Women's Health Month, cont.

The Female Wellness Department at USS Red Rover developed a process-change that reallocated existing resources to create a walk-in contraception clinic (WICC) for female recruits. The WICC is available to recruits every weekday during the 10-week training cycle at a time convenient to them and suitable to their busy training schedule. Recruits are provided same-day access to prescriptions for short-acting reversible methods and procedures for long-acting reversible methods. In addition to the WICC initiatives, the team also scripted and assisted in the production a 50-min Sexual/Reproductive Health educational video delivered to 38K male and female recruits annually during week 7 of training.

“Shortly after implementation, we noticed that more than 50% of female recruits were returning to the WICC, with over half requesting and receiving same-day access to LARCs. Equally as impressive, staff felt assured that the more comprehensive education was empowering recruits to take responsibility for their own healthcare decisions,” noted the Female Wellness Department Head, **LCDR Sarah Hervey**. Unprompted, the WICC also received ample positive feedback from recruits stating, “Great service. Staff was great and made me feel comfortable. The process was fast and painless. Easy day” and “The staff was extremely helpful and patient when answering questions.”

Since its inception in July 2022, the WICC continues to provide female recruits convenient and comprehensive contraception education and access and their efforts were recognized with the Surgeon General’s Team Power Award for October 2022.



US NMRTC Sigonella: In Situ Training for the Small Unit Leader

Article written by: LT Fremmy Cuadra, NC, USN

The Emergency Department (ED) in NMRTC Sigonella is a seven-bed unit staffed by an active-duty force of one doctor (for 24 hours), one nurse, and two BLS ambulance crews of two corpsmen/EMT per team (one onboard NAS I and the other onboard NAS II) for 12 hour-shifts.

In the ED, 80% of Corpsmen are first-term sailors. Serving with only one nurse per shift and limited training spaces, it is up to Nurse Corps officers to train them to assume patient care responsibilities with confidence in their skills. HMs have received all the onboarding training required ex. BLS, EMT-basic, etc. One way to expand their knowledge is to build their confidence by training them constantly.

As many of us are acutely aware, receiving in-classroom training alone is not sufficient to perform successfully. The approach taken to expand our HM's skills is in situ training. It means physically executing the interventions necessary to care for the patient.

We recently ran through a stroke protocol in our ED with our equipment. We went from the check-in process, the assessment, interventions, and administrative requirements to care for this patient. In situ training helped us identify some clinical deficiencies. These are some of our findings:

INTERVENTION

- We have 10 minutes to get the patient to CT
- Take blood pressure on both arms as part of the vital signs and note a difference of 20mm Hg
- Obtaining the sixth vital sign, blood glucose
- Obtain the patient weight for medication administration and imaging exams

COMMUNICATION

- Closing the communication loop when a task is given and completed
- Understanding the common medical terminology

EQUIPMENT

- The location of supplies and how to operate them

The clinical development and training of Corpsmen to perform at the highest level possible is an inherent responsibility of the Nurse Corps. In today's geopolitical climate, all medical personnel should strive to be ready for a time of relevance. Any medical platform (i.e. shore, overseas, or operational) should be capable of answering the call. A corpsman's clinical success is the reflection of every Nurse Corps officer they come across. I hope that in-situ training becomes a tool that small unit leaders in the Nurse Corps can use to develop a medical ready force.



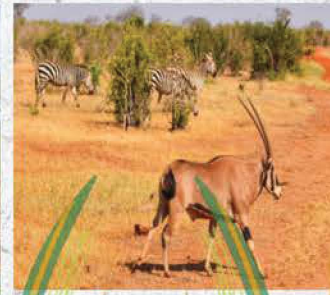
LEFT: Emergency Department "Team Quattro"
From L to R: HN Green, HN Valla, LT Cuadra,
HN Grant, and HM3 Barger. Photo taken by
HM3 Hicks on February 14, 2023 at US
NMRTC Sigonella./Released.



RIGHT: Emergency Department HMs running
the stroke protocol "In Situ". From L to R: HN
Ayala and HN Rotschedl. Photo taken by LT
Cuadra on February 15, 2023 at US NMRTC
Sigonella./Released.

US NMRTC Rota: Mission to Kenya

Article written by: LT Patrick Marsh, NC, USN



LEFT: LT Marsh with the Tactical Combat Casualty Course class./Released.

CENTER AND ABOVE: Photos taken by LT Marsh while on Safari./Released.

LT Patrick Marsh is an Emergency Room nurse stationed at NMRTC Rota, Spain, and attended a unique TAD opportunity to work with AFRICOM on a mission to support CENTCOM in a strategic partnership sent to Kenya, Africa. USNAVCENT / FIFTH Fleet conducted Central Partnership Station-Kenya, which involved over 70 people from six different countries collaborating with the Kenyan Navy and the local population. Participants from Qatar, Jordan, Denmark, Bahrain, Israel, and the U.S. all played a role in the four serials conducted:

- 1) A Women's, Peace, and Security Symposium (WPS)
- 2) Global Health Engagement (GHE), Subject Matter Expert Exchange (SMEE)
- 3) Small Boat and Dive SMEE's
- 4) A community relations event with the Association of the Physically Disabled of Kenya (APDK)

All serials were successfully executed, paving the way for future opportunities. **LT Marsh** stated, "it was an amazing opportunity to make new friends in Africa, in a stunning location, and come together in an exchange of medical and cultural information." **LT Marsh** also stated, "I joined the Navy to see the world, and it's opportunities like these that keep me coming back for more." On the last day in the country, many members of the team took the opportunity to see the local area and immerse in Mombasa's culture and surrounding city. **LT Marsh** and his team got up early and went on Safari to the largest park in Kenya. **LT Marsh** stated, "This will be a mission that is impossible to forget."



ABOVE: LT Marsh with local children on base./Released.



ABOVE: LT Marsh with two ER Nurses from Shiba Medical Center, Israel./Released.



ABOVE: LT Marsh with a member of the Kenyan Navy but also from the Maasai Warrior Tribe./Released.



Captain Cheryl C. Ringer Memorial Award: Multidisciplinary Approach to Improved Bar Code Medication Administration

Article written by: LCDR Jasette Fong, NC, USN

Captain Cheryl C. Ringer, MSC, USN (April 22, 1965- July 7, 2017) held the role of Navy Medicine West, which is now NMFP, Director for Process Improvement. She had a vision of creating permanent Continuous Process Improvement (CPI) staff positions and funding to further advance high reliability throughout the NMFP area of responsibility. **CAPT Ringer** believed that determined individuals can make a tremendous difference in changing our culture to promote sustained improvement in the quality and safety of care. Through her inspiration, the **CAPT Cheryl C. Ringer** Memorial Award was created to recognize other like-minded agents.

Essay submissions described a completed CPI project with measurable impact and sustainable benefit on any or all of the three pillars (Engaged Leadership; Culture of Patient Safety; Robust Process Improvement) and five principles (Deference to Expertise; Reluctant to Simplify; Sensitivity to Operations; Commitment to Resilience; Preoccupation with Failure).

The award selection was made by a Naval Medical Forces Pacific (NMFP) N53 committee comprised of reviewers with expertise in CPI, healthcare quality, and patient safety. Essays were judged based on:

- Measurable Benefits to High Reliability
- Multidisciplinary Approach
- Creativity
- Standardization
- Replication Potential or Success of CPI Activity

The 2022 essay competition winners for the **CAPT Cheryl C. Ringer** Memorial Award were **CDR Jeremy Ray**, **LCDR Jasette Fong**, and **Ms. Irene Grepo** from NMRTC San Diego/Naval Medical Center San Diego (NMCS D). Their essay described a process improvement that addresses medication errors, which is a major threat to patient safety, and can occur at any point during the stages of medication ordering, transcription, dispensing, and administration. This project aligned with the DHA critical initiative of Ready Reliable Care (Leapfrog).

A pilot project was completed in 2021 by **LCDR Maria Tejada**, Clinical Nurse Specialist (CNS) on 4 West, **Ms. Michelle San Antonio**, Patient Care Coordinator (PCC) on 4 West, and **LT Iliana Reyes**, CNS on 5 East, for which they won first place at the 2022 NMCS D CPI Fair under the Lean Six Sigma (LSS) category. Their project analyzed and improved the implementation of barcode medication administration (BCMA) systems on their units. Through their analysis, a BCMA compliance improvement from 64 percent to 87 percent and from 77 percent to 94 percent compliance occurred on their units over the course of four months in 2021. The success of their pilot project led the BCMA Committee working group, created in April 2022, to drive adoption of the Leapfrog Hospital Survey for Safe Medication Administration Measure on BCMA standards, which pushes facilities to



ABOVE: From L to R: LCDR Jasette Fong, CDR Jeremy Ray, and Ms. Irene Grepo win first place under the Lean Six Sigma Category at the NMCS D CPI Fair, held April 13, 2023. /Released.



ABOVE: From R to L: Rear Admiral Guido F. Valdes, Director, DHA San Diego market, recognizes CDR Jeremy Ray and LCDR Jasette Fong for winning the CAPT. Cheryl C. Ringer Award on February 21, 2023. /Released.



Captain Cheryl C. Ringer Memorial Award, cont.



implement BCMA systems in 100 percent of their medical and/or surgical units, intensive care units, and labor delivery units. **LCDR Adam Eaton**, Director, Improvement Sciences NMFP, states, "The winning project actually built off a project previously implemented within the command, demonstrating that circular relationship between empowered people, (which is) a focus on continuous improvement and innovation- the principles of Get Real Get Better (GRGB)." The call to action for the Navy to GRGB by the Chief of Naval Operations compliments CPI by asking us to "take a hard, critical look at ourselves, our performance, and environment, and see what could be improved. When we are honest and transparent about who we are as a person and a team and how we are functioning, we have a duty to be taking the necessary steps based on that assessment to grow."

"CPI is an incredibly important approach in nursing as it helps identify areas of inefficiency and helps implement changes that improve patient outcomes, enhance quality of patient care, and reduce cost. In the healthcare industry, it is essential to maintain high standards of care to ensure patient safety and satisfaction. CPI can help achieve those goals," states **CDR Ray**, BCMA Committee Senior Advisor. "Multiple studies have demonstrated that BCMA results in improved medication safety. Without a doubt, this process improvement effort has improved compliance and adoption of the MHS GENESIS (electronic health record) BCMA workflow." Thanks to **CDR Ray's** guidance, NMCS D moved from "Some Achievement" or 2 out of 4 bars on the 2021 Leapfrog Hospital Survey for Safe Medication Administration to "Considerable Achievement" or 3 out of 4 bars for the 2022 Leapfrog Hospital Survey. In February 2023, NMCS D was able to reach the 95% BCMA compliance rate and is anticipating movement up to "Achieved the Standard" or 4 out of 4 bars for the 2023 Leapfrog Hospital Survey.

Another tenant of GRGR deals with empowering individuals to find and fix problems, and innovate- at their level. "Having engaged staff from the deck plate to senior leaders is paramount, especially with an endeavor as far-reaching as BCMA. Effective teamwork provides improved quality of care, a positive work environment, and ownership of staff responsibilities," **LCDR Fong** states. As BCMA Committee Chair, **LCDR Fong** further emphasizes the importance of teamwork when stating,

"Having an entire team of dedicated champions makes all the difference in changing our culture, promoting sustained improvement in quality and safety, and inspiring current and future change agents. None of the successes we've had with BCMA at NMCS D would have been possible without the continued and ongoing hard work of our CNSs, PCCs, and Clinical Nurse Educators (CNE). **CDR Ray** and **Ms. Grepo**, our Nurse Consultant for Informatics and my BCMA Co-Chair, are magicians when it comes to manipulating all of our BCMA data, and we would not have been able to hurdle past many of our obstacles without the meticulous investigative assistance of **Mr. Scott Lawry** from

NMCS D BCMA Committee Champions (April 2022 - Current):

- LT Alyssa Burton** (CNE, 1N MH)
- Mr. Ramon Caladecad** (PCC, 5W)
- LCDR Augusta Chavez** (CNS, PICU)
- Ms. Megan Davis** (CNE, NICU)
- Ms. Krista Dean** (Respiratory Therapy)
- Ms. Shantee Downer** (Leapfrog, QM)
- LCDR Corey Fancher** (CNS, ED)
- LT Micah Feigenbaum** (CNS, ED)
- LCDR Jane Ferguson** (CNS, L&D)
- LCDR Jasette Fong** (CNS, Inpatient Peds and BCMA Committee Chair)
- LCDR Brandi Gibson** (CNE, NICU)
- Ms. Irene Grepo** (Nurse Consultant, Informatics and BCMA Committee Co-Chair)
- LT Joshua Hahn** (CNS, 4W)
- LCDR Kimberley Hendricks** (CNS, Inpatient Peds)
- LCDR Sarah Huley** (CNS, ICU)
- Mr. Scott Lawry** (Inpatient Pharmacy Supervisor)
- LT Jenny Lu** (CNE, 5W)
- LT Joyce Pascual** (CNE, 5W)
- LT Claire Piccirilli** (CNE, 5N)
- CDR Jeremy Ray** (BCMA Committee Senior Advisor)
- LT Iliana Reyes** (CNS, 4W)
- LCDR Jennifer Rhinehart** (CNE, PSCU)
- Ms. Myra Saldana** (Patient Safety RM)
- LT Erik Sanchez** (CNS, 5E)
- Mr. Roberto San Juan** (PCC, ICU)
- Ms. Michelle Sanantonio** (PCC, 4W)
- LT Laila Schless** (CNS, ICU)
- LCDR Kenneth Sierleja** (CNS, ICU)
- Ms. Christine Tadle** (PCC, 5E)
- LCDR Maria Tejada** (CNS, 5E)
- LT Alyssa Valdez** (CNE, 5N)



Captain Cheryl C. Ringer Memorial Award, cont.



Photo taken on February 21, 2023 during NMCS's monthly BCMA Committee meeting. BCMA Committee champions pose with a check representing the DHA FY23 Q1 IRIS Incentive Payout given to NMCS for \$378,050. From L to R: LT Joyce Pascual, Mr. Ramon Caladcad, LCDR Jane Ferguson, LCDR Jasette Fong, CDR Jeremy Ray, LCDR Kenneth Sierleja, LT Laila Schless, Ms. Michelle San Antonio, LT Joshua Hahn, Ms. Megan Davis, Ms. Myra Saldana, Mr. Scott Lawry, and LCDR Brandi Gibson./Released.

Pharmacy. Even our BCMA Scanning Issues Form, which allows us to differentiate scanning errors as Pharmacy/medication-related versus hardware-related, was started as a Comprehensive Unit-Based Safety Program project completed by **LTJG Kelly Love**, a staff nurse on 5 North." **Ms. Grepo** further goes on to state that, "Ensuring patient safety is imperative; by providing our staff with the necessary resources to remove silos and ensure open lines of communication, this allows us to move forward and support each other as one team." **Ms. Grepo** was instrumental in fixing the BCMA "Corrected Compliance" report that was being pulled, which is now standard across DHA. "The work that **Ms. Grepo** has done with improving and integrating our Workstations on Wheels (WOWs) and working with our ancillary areas is vital to the continued success of our BCMA compliance, especially once Leapfrog starts to include our patient care areas outside of inpatient," states **LCDR Fong**. "Respiratory Therapy also attends our meetings as they have seen the impact that they have on ensuring safe medication administration. Having such a rockstar team is wonderful!"

"Many of the issues that clinicians and administrators face in one location are going to be the same, or similar, to the problems and issues healthcare workers everywhere else in the Military Health System are going to encounter," said **LCDR Eaton**. "A competition like this is a great way to market these amazing ideas that people have had, implemented, and used to great effect to a large audience at once. Hopefully, people will read about these initiatives, see how they could be adopted to help with what they're encountering at their own facility, or even better, add and improve upon those processes and share that with others. The more we share good ideas, the more likely we are going to spur further innovation." Presentations from the NMCS BCMA Committee have been presented to Belt students attending Lean Six Sigma courses, at their monthly Command Nursing Orientations, the Nurse Practice Council, the Nurse Executive Council meetings, the Executive Steering Committee meetings, the DHA Market Regional Quality Collaborative meetings, and the DHA BCMA All-Hands meetings. **Mr. Lawry** also provides updates with every MHS GENESIS go-live attended, providing Pharmacy support and focusing on closing the gap on enterprise-wide issues dealing with BCMA. **Ms. Grepo** would like to emphasize to other commands tackling BCMA that "Passionate, motivated, and engaged leaders can forge the way to success by supporting the BCMA program and showing the value of the mission."

CDR Jeremy Ray, LCDR Jasette Fong, and Ms. Irene Grepo all received an NMFP coin, a congratulatory letter from the Commander, NMFP, and have their names inscribed on a perpetual plaque at NMFP Headquarters, serving as a testament to their commitment to embracing positive and meaningful change. All three were also the winners of NMCS's 2023 CPI Fair under the Lean Six Sigma category for BCMA. Bravo Zulu!

Check for the full DVIDS article



Captain Cheryl C. Ringer Memorial Award, cont.

2022 NMFP CAPT Cheryl C. Ringer Memorial Award

Runner-Up

- **Ms. Megan Davis**, NMRTC San Diego
 - “Escape from Ordinary: A Fun and Interactive Way to Educate Staff”

Honorable Mentions

- **LT Erik Sanchez**, NMRTC San Diego
 - “Reducing Blood Culture Contamination in the Adult Inpatient Setting”
- **LT Mark Boyd** and **HM1 Peter Munoz**, NMRTC 29 Palms
 - “Develop Surgical Smoke-Free ‘Go Clear’ Initiative

Appreciation for all Entrants

- **Ms. Zoe Neufeldt**, **HM2 Isabella Amaro**, **LT Kimberly Kozlowski**, and **CDR Nikunj Bhatt**, NMRTC San Diego
 - “Improving Specialty Clinic Active Duty Care Access in the NMCS D Pulmonary Clinic”
- **LT Allison Gutierrez** and **HM3 Dylan Beckman**, US NMRTC Yokosuka
 - “Prenatal Intake CPI Efforts”
- **Mr. Jason Boyce** and **Dr. Dinnah Didulo**, NMRTC San Diego
 - “Improving High Level Disinfection Quality Assurance”
- **Ms. Edsa Artates**, US NMRTC Yokosuka
 - “Admin Improvements”
- **Ms. Zoe Neufeldt**, **Ms. Raquelle Taylor**, **HM2 Isabella Amaro**, **LT Kimberly Kozlowski**, and **CDR Nikunj Bhatt**, NMRTC San Diego
 - “Reducing Total Backlog Referrals at NMCS D Pulmonary Clinic”
- **LCDR Sean Foley**, NMRTC San Diego
 - “Lung Nodule Tracking and Cancer Detection at NMCS D: A CPI Project”
- **LT Lorna Brown** and **Ms. Cheryl Hansen**, NMRTC Bremerton
 - “A Gold Standard Approach to Increase Weight Loss Pre-Op to Improve Post-Op Outcomes in Bariatric Patients”

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**READY
RELIABLE
CARE
(RRC)**



Critical Reflection: Crisis of Care Work RC

Article written by: LT Ronald Rollon, NC, USN

The current health complexities, diverse social constructs, and dynamic sociopolitical environment actively influence care work. Historically, care work was defined as nurturant in practice, associating it to women or domestic work. Other definitions of care work relate the labor to a relational intervention, linking specific concepts into behaviors and interactions that further contribute to the development of individual needs. This definition still heavily implies association of care work to women and reproductive labor. These perceptions permeate to contemporary beliefs, undervaluing professions that provide care work such as nursing. With care processes as complex as they are in today's clinical environment, the traditional definitions of care should be stripped and a broader definition should be developed. These traditional definitions create an exploited workforce, causing unnecessary social injustice contributing to the crisis of care from pay gaps, burnout, diminished social status, and other disparities, all of which intersect gender, racial, and class divides.

Care work provides an essential value to the workforce despite its perceived contribution to the economy. Care work professionals including those who operate in the realm of medicine and health are due for their recognitions. Care work is beyond simple nurturance or relational value. It is a skill-based service and learned labor. Nursing in relation to care work is not the acts of care giving but the responsibilities for care and how those responsibilities are allocated. Nursing has become a significant focal point in patient care that nurses should be valued as assets to individual, group or population health rather than expensive liabilities. There should be a call for social reorganization that aligns shifting values with generational differences and new paradigms. The implications of traditions on a contemporary society may have significant impact on the health of a nation. To be Ready, Relevant, and Resilient is to understand professional challenges in order to implement a plan of action required for growth and development.



BRAVO ZULU!

Certifications

LTJG Morgan Petry (1960K), NMRTC Portsmouth, earned Certified Critical Care Nurse (CCRN) certification.

LTJG Jessa Salmon (1945K), NMRTC Camp Lejeune, earned Board Certified Emergency Nurse (CEN) certification.

LT Sydney Jourdan (1945K), NMRTC San Diego, earned Board Certified Emergency Nurse (CEN) certification.

LTJG Jill Ciritella (1920K), US NMRTC Okinawa, earned National Certification Corporation in Inpatient Obstetrics (RNC-OB) certification.

LT Casey Shalkowski (1960Q), US NMRTC Okinawa, earned Certified Critical Care Nurse (CCRN) certification.

LT Robert Johnson (1960K), US NMRTC Guantanamo Bay, earned Certified Critical Care Nurse (CCRN) certification.

LT Amanda Dean (1960K), NMRTC Camp Pendleton, earned Certified Critical Care Nurse (CCRN) certification.

LT Noah Dietsche (1940K), NMRTU Marine Corps Recruit Depot, earned Certified in Public Health (CPH) certification.

LT Tiffani Chapman (1910K), NMRTC Pensacola, earned Certified Medical-Surgical Registered Nurse (CMSRN) certification.

LCDR Tasha Gallegos (1900K), US NMRTC Rota, earned Ambulatory Care Nursing AMB-BC certification.

LT Megan Salvato (1960K), NMRTC Camp Pendleton, earned Certified Critical Care Nurse (CCRN) certification.

LT Regina Gibbs (1960K), NMRTC Bethesda, earned Certified Critical Care Nurse (CCRN) certification.

LTJG Andrea Hilderbrand (1920K), US NMRTC Okinawa, earned National Certification Corporation in Inpatient Obstetrics (RNC-OB) certification.

LT Elizabeth Jeffers (1960K), NMRTC San Diego, earned Certified Critical Care Nurse (CCRN) certification.

LT Jamee Windon (1950K), NMRTC Portsmouth, earned Certified Perioperative Nurse (CNOR) certification.

LT Elizabeth Patterson (1920K), US NMRTC Guam, earned National Certification Corporation in Inpatient Obstetrics (RNC-OB) certification.

LTJG Kaitlin Andres (1920K), US NMRTC Guam, earned National Certification Corporation in Inpatient Obstetrics (RNC-OB) certification.

ENS Mitchell Bradley (1945K), NMRTC San Diego, earned Board Certified Emergency Nurse (CEN) certification.

AWESOME

BRAVO ZULU!, cont.

Certifications

LCDR Joshua Mondloch (1910K), NMRTC San Diego, earned Certified Medical-Surgical Registered Nurse (CMSRN).

LT Alicia Reily (1910K), NMRTU Lemoore, earned Certified Medical-Surgical Registered Nurse (CMSRN).

LT Randi Acheson, NMRTC Portsmouth, earned Certified Nurse Educator (Novice) (CNE).

LTJG Quinton Smith (1960K), NMRTC Portsmouth, earned Certified Critical Care Nurse (CCRN) certification.

LT Matthew Wittmann (1945K), Combat Logistics Battalion 13 (CLB-13), earned Board Certified Emergency Nurse (CEN) certification.

LT Joshua Hahn (1960Q), NMRTC San Diego, earned Adult-Gerontology Clinical Nurse Specialist (ACCNS-AG) certification.

LTJG Serena Yesenofski (1910K), NMRTC San Diego, earned Certified Medical-Surgical Registered Nurse (CMSRN).

Education

CDR Jaime Kasch, NR NMRTC San Diego, earned Doctor of Nursing Practice Family Nurse Practitioner from University of Arizona and Family Nurse Practitioner (FNP-BC) certification.

LT Carol Fabricante, 1st Medical Battalion, earned Master of Science in Nursing: Leadership in Healthcare Systems from Jacksonville University.

LCDR Ashley Hanhurst (1950), US NMRTC Sigonella, earned Master's of Business Administration from University of Maryland Global Campus.

LT Talisha K. Walker, US NMRTC Guam, earned Master of Science in Nursing Family Nurse Practitioner from George Washington University and Family Nurse Practitioner (FNP-C) certification.

LT Holly Kreczkowski, NMRTC San Diego, earned Master of Science in Nursing Family Nurse Practitioner and Family Nurse Practitioner (FNP-C) certification.

LT Aracely Duerkop (1920), US NMRTC Sigonella, earned Master of Science in Nursing Family Nurse Practitioner from Duke University and Family Nurse Practitioner (FNP-C) certification.



Announcements



WE WANT TO TAKE A MOMENT
TO CELEBRATE ALL THAT WE DO
AS NURSES!



*Nurse's
Week*
MAY 6-12, 2023

*U.S. Navy
& Nurse Corps
115th Birthday*
MAY 13, 2023



Post your photos on MilSuite via the
[Navy Nurse Corps Flickr Account](#)



Submit photos with a description of the event
along with individual names with ranks.
Photos cannot include ID badges.

Deadline for submission:
May 19, 2023.



Announcements



LAUNCHING.... NAVY NURSE CORPS VIRTUAL CAREER DEVELOPMENT BOARD (VCDB) NETWORK, UPDATED CDB INSTRUCTION, AND CDB HANDBOOK

The VCBD Network is comprised of NC Officer with diverse backgrounds who are willing and able to sit your CDB virtually to ensure you are getting the career guidance you need and deserve. Ask your program manager or Specialty Leader about this option.

The updated instruction, handbook and virtual repository will be posted on milSuite and emailed out via the NC Newsletter Listserve

